# HIV Among Pregnant Women, Infants, and Children



HIV can be passed from mother to child anytime during pregnancy, labor, delivery, and breastfeeding. This is called *perinatal* transmission.



### **BUT THERE IS GOOD NEWS:**

For a woman living with HIV, the risk of transmitting HIV to her baby can be 1% OR LESS if she:



Takes HIV medicine daily as prescribed throughout pregnancy, labor, and delivery and



Gives HIV medicine to her baby for 4-6 weeks after giving birth.

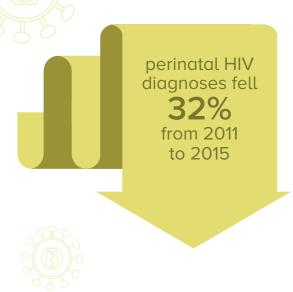
Women living with HIV should NOT breastfeed or pre-chew their baby's food.



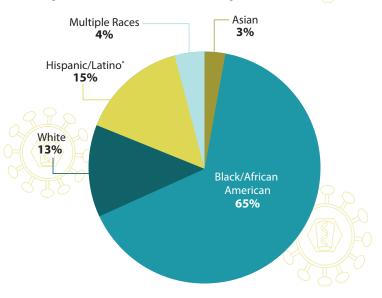


If you are pregnant or planning to get pregnant, **get tested for HIV** as soon as possible. If you have HIV, the sooner you start treatment the better—for your health and your baby's health.

# 99 diagnoses of perinatal HIV in 2016



## Diagnoses of Perinatal HIV Infections in the US by Race/Ethnicity, 2016



\* Hispanics/Latinos can be of any race



Everyone living with HIV should take medicine to treat HIV as soon as possible after diagnosis and visit their health care provider regularly. Taking HIV medicine as prescribed can make the level of virus in their body very low (called viral suppression) or even undetectable. A person living with HIV who gets and stays virally suppressed or undetectable can live a long, healthy life and has effectively no risk of sexually transmitting HIV to HIV-negative partners.

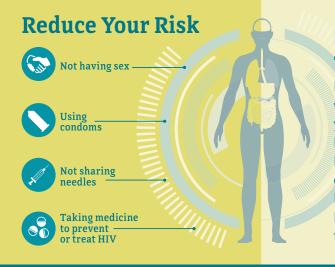
### Why are pregnant women and their babies at risk?

- Pregnant women with HIV may not know they are infected, and women may not know that their partner has HIV.
- Preconception care and family planning services are often not provided in HIV care settings.
- Women living with HIV may not know they are pregnant, how to prevent or safely plan a pregnancy, or what they can do to reduce the risk of transmitting HIV to their baby.
- The risk of transmitting HIV to the baby is much higher if the mother does not stay on HIV treatment throughout pregnancy, labor, or delivery, or if HIV medicine is not provided to her baby. The risk is also higher if she acquires HIV during pregnancy.
- Social and economic factors, especially poverty, may make it harder for some women living with HIV to access health care.

#### How is CDC making a difference?

- CDC created a framework (https://www.ncbi.nlm.nih.gov/pubmed/22945404) to help federal agencies and other groups lower the rate of perinatal HIV transmission to less than 1% and an incidence of fewer than one case of perinatal HIV per 100,000 live births.
- CDC helps lead the Elimination of Mother-to-Child HIV Transmission Stakeholders Group (https://www.cdc.gov/hiv/group/gender/pregnantwomen/ organizations.html), a group that develops and implements strategies to advance the elimination of perinatal HIV.
- CDC collaborated with and funded partners to develop a continuous quality improvement method that helps local health systems address missed prevention and treatment opportunities for pregnant women living with HIV.
- CDC funds perinatal HIV prevention through Integrated Human Immunodeficiency Virus Surveillance and Prevention Programs for Health Departments (https://www.cdc.gov/hiv/funding/announcements/ps18-1802/index.html), and promotes HIV testing and treatment for pregnant women.

By the end of 2015, there were 11,600 persons living with HIV acquired through perinatal transmission.



# HIV IS A VIRUS THAT ATTACKS THE BODY'S IMMUNE SYSTEM.

It is usually spread by anal or vaginal sex or sharing needles with a person who is living with HIV. The only way to know you have HIV is to be tested. Everyone aged 13-64 should be tested at least once, and people at high risk should be tested at least once a year. Ask your doctor, or visit **gettested.cdc.gov** to find a testing site. Without treatment, HIV can make a person very sick or may even cause death. If you are living with HIV, start treatment as soon as possible to stay healthy and help protect your partners.

For More Information

Call 1-800-CDC-INFO (232-4636) Visit www.cdc.gov/hiv